

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

SHEEHAN ROBERT GRANT)
(full name) (Register No.))

_____))
_____))
Plaintiff(s).)

v.)

GREENE COUNTY JAILHOUSE)
(Full name))
~~GREENE COUNTY JAILHOUSE~~)
_____))
Defendant(s).

15-3169-CV-S-SRB-PM

Case No. _____

Defendants are sued in their (check one):

____ Individual Capacity

____ Official Capacity

☒ Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): GREENE COUNTY JAILHOUSE

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff SHEEHAN R. GRANT Register No. 2951218
Address _____

B. Defendant GREENE COUNTY JAILHOUSE

Is employed as _____

For additional plaintiffs or defendants, provide above information in same format on a separate page.

- III. Do your claims involve medical treatment? Yes ☒ No ☒
- IV. Do you request a jury trial? Yes ☒ No ☐
- V. Do you request money damages? Yes ☒ No ☐
- State the amount claimed? \$ 15,000,000 (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes ☒ No ☐

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes ☒ No ☐

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?

Yes ☐ No ☒

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

D. If you have not filed a grievance, state the reasons.

I HAVE BEEN FLATLY IGNORED FOR ALL ATTEMPTS
TO RECEIVE THE GRIEVANCE FORMS FROM THE JAIL.
THEY HAVE BLATENTLY REFUSED TO FULFILL MY REQUESTS FOR
THE FORMS.

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case?

Yes ☐ No ☒

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated?

Yes ☐ No ☒

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: _____
(Plaintiff) (Defendant)

(2) Date filed: _____

(3) Court where filed: _____

(4) Case Number and citation: _____

(5) Basic claim made: _____

(6) Date of disposition: _____

(7) Disposition: _____

(Pending) (on appeal) (resolved)

(8) If resolved, state whether for: _____

(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

SINCE MY DETAINMENT IN THIS JAIL I HAVE HAD NUMEROUS MEDICAL ISSUES FROM SEVERE PHYSICAL PAIN TO EVEN BLEEDING SORES TO OBVIOUS SLEEP APNEA BUT EVERY ATTEMPT TO GET PROPER MEDICAL TREATMENT FOR EACH ISSUE HAS BEEN IGNORED BLATENTLY. WHEN I REQUEST GRIEVANCE FORMS AND WRITE LETTERS TO THE HIGHER ADMINISTRATION TO TRY TO GET RESULTS I AM IGNORED AND TOLD OFF. SEVERE BACK, LEG, FOOT & HIP PAIN, NUMBNESS IN ARMS & LEGS WITH CHEST PAIN, BLEEDING HEELS, INTESTINAL ALLERGIES, INFECTIONS, MORE ON EXTRA YELLOW PAGES.

- B. State briefly your legal theory or cite appropriate authority:

I BELIEVE THAT SINCE I AM INCARCERATED AND UNABLE TO CARE FOR MY ATTENDMENTS ON MY OWN THE JAILHOUSE IS RESPONSIBLE FOR MY CARE. SINCE THEY REFUSE MY PROPER CARE IT IS AN 8TH AMENDMENT VIOLATION AND A 14TH AMENDMENT VIOLATION. 8TH BEING CRUEL & UNUSUAL TREATMENT, AND 14TH EQUAL TREATMENT OF CARE. ALSO THERE IS A 1ST AMENDMENT VIOLATION IN THE REFUSAL TO LET ME FILE GRIEVANCES AND CONTACT HIGHER ADMINISTRATION OFFICIALS. IE CAPTAIN MAJOR SHERIFF & US MARSHALS.

I HAVE ATTEMPTED TO GET TREATMENT FOR THE FOLLOWING ISSUES.... ALL HAVE BEEN REFUSED OR IMPROPERLY CARED FOR.

SPLIT & BLEEDING HEELS, SLEEP APNEA, SEVERE PAIN IN CHEST, BACK, HIPS, LEGS, FEET, ARMS & HANDS, MIGRAINE HEADACHES, CHEST PAINS FOLLOWED BY NUMBNESS IN ARMS & LEGS, INTESTINAL ALLERGY/INTOLERANCE TO SEVERAL KINDS OF BEANS, AND AN UNEXPLAINABLE DIZZINESS.

I HAVE REPEATEDLY ATTEMPTED TO GET TREATMENT FOR THESE ISSUES AND HAVE OFFERED/REQUESTED SIMPLE TREATMENTS SUCH AS THE USE OF AN EXTRA MATTRESS TO ELLEVATE MY BACKPAIN BUT I HAVE BEEN TOLD "NO" TO ALL ISSUES.

WHEN I ATTEMPT TO FILE A GRIEVANCE OVER THESE ISSUES MY REQUESTS FOR A FORM ARE IGNORED AND I DO NOT EVEN GET A RESPONSE.

WHEN I WROTE A LEGAL LETTER TO CAPTIAN COONROD OVER THESE AND OTHER ISSUES; LT. MAYH INTERCEPTED THE LETTER OPENED IT, AND I HAVE BEEN IGNORED SINCE.

I AM IN A STATE OF STEADY PHYSICAL PAIN EVERY DAY AND REFUSED EVEN THE SIMPLIST BASIL TREATMENT AND CARE.

SHEEHAN R. GRANT.

 INDIGENT

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

I SEEK THE COURT TO AWARD ME \$5,000,000 DOLLARS
USD FOR THE MONTHS OF PAIN AND SUFFERING I HAVE
BEEN FORCED TO ENDURE BY THE HANDS OF GREENE COUNTY
JAILHOUSE STAFF & MEDICAL STAFF.

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. _____

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes _____ No ✓

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

C. Have you previously had a lawyer representing you in a civil action in this court? Yes _____ No ✓

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 11TH day of APRIL 2015

[Signature]
Signature(s) of Plaintiff(s)

GREENE COUNTY JUSTICE CENTER
1000 N Boonville
Springfield MO. 65802

SHEENAN GRANT

Inmate Name

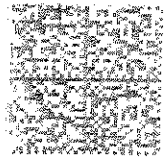
2957218

INMATE #

RECEIVED
2015 APR 16 PM 2
CLERK, U.S. DISTRICT COURT
WEST. DIST. OF MO.
KANSAS CITY, MO

LEGAL MAIL

CLERK OF THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI
CHARLES EVANS WHITTAKER UNITED STATES COURTHOUSE
400 E. 9TH STREET
KANSAS CITY, MISSOURI 64106-3744



UNITED STATES POSTAGE
FIRST CLASS
02 1P \$000.690
0000845826 APR 13 2015
MAILED FROM ZIP CODE 65802

INDIGENT